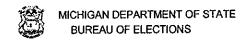


FILED

COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE	CALL SABAUTHK
Report must be legible, typed or printed in ink and signed \$\circ\circ\circ\circ\circ\circ\circ\cir	3. This State most so wers From: 10-20-08 to 11-24-08
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
138060	COOK CLARENCE A
0.00	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name CTE CLARENCE COOK	SHELBY TOWNSHIP TRUSTEE
FOR TRUSTEE	4b. County of Residence MACOMB
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
50067 CHELMSFORD CT	JOAN DORT
SHELBY TWP MI 48315	50070 ROMSFORD CT
Area Code and Phone 586 247-6380	SHELBY TWP MI 48315
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	rac 240 013-
be sent to this address by the filing official.	Area Code & Phone <u>586</u> 247-8135
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
N/A	N/A
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9h LAPost	4-Flection 9c. Annual Statement (Coverage Year)
9a. Pre-Election OR 9b. Post	
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
[7]	9e. Dissolution of Candidate Committee
rillialy	Effective Date of Dissolution
Convention	CAU
Special Cau	icus
	by checking this item, IWe certify that the committee has no assets or outstanding debts, including late filling fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re	equired Campaign Statements. The Campaign Statements must include all applicable anditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany	enditures, and outstanding debts count against the \$1,000 Reporting Waiver tireshold. Jed since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
10. Verification: I/We certify that all reasonable diligence was used mylour knowledge and belief the contents are true, accurate and c	in the preparation of this statement and attached schedules (if any) and to the best of omplete.
Current Treasurer or	Jan & Wort Man 29 2008
Designated Record keeper JOHN DOC Type or Print Name	Signature Book Date 11-29-08
	Colman 600k 11-29-08
Candidate CLARENCE COOK	/ WWWWW QUUN Date 11-29-00
Type or Print Name	Signature

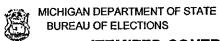


1. Committee I.D. Number __/38060

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CLARENCE COOK CAMPAIGN FOR TROSTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	.75.5	ļ
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 130.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 130.00	(18.)\$ <u>4788.16</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>130.00</u>	(20.)\$ 4788.16
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <i>1 15 .90</i>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$1/5.96	(23.)\$ 4651.95
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	2009 11	
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 3008.16 V	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ <u>95.11 \(</u>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 130.00 /	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 225.// V	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)-\$ 115.90 ~	
(Add lines 9 and 11) 17, ENDING BALANCE	(17.) \$ 109.21 /	•
(Subtract line 16 from line 15)		



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number <u>138060</u>

2. Committee Name CLARENCE COOK CAMPAISN FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date	of Receip	pt 10-28-08		
L/NDA 570 47595 AND SHELBY TO 5. If over \$100.00 cumu	REA CT	48315			\$ 30,00	\$ <u>30.00</u>
Occupation		_ Employer				
Business Address Type of Contribution:	Direct	Loan from a perso	on _	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receip	10-28-08		
RICHARD I 4195 SANDY SHELBY TO 5. If over \$100.00 cumu	CREEK OP MIH	48316			\$ 100.00	\$ <u>/00.00</u> r Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a persor	n 🔲	Fund Raiser		
3. Contribution # 3 Name & Address: 5. If over \$100.00 cumu	PAC Receipt?		e of Recei		\$Click Here for	\$ Memo Itemization
					-	
Occupation Business Address						
Type of Contribution:	Direct	Loan from a perso	n _	Fund Raiser		:
3. Contribution #4 Name & Address	PAC Receipt?	YES 4. Da	te of Rece	elipt		·
					\$	\$
5. If over \$100.00 cum	ılative, please pro	ovide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address					•	
Type of Contribution:	Direct	Loan from a perso	on _	Fund Raiser	·	
Page of				Page Subtotal and Total of All Schedules 1A lete on last page of Schedule)	130.00	-



SCHEDULE 1B CANDIDATE COMMITTEE

SCHEDULE ID	
CANDIDATE COMMITTEE 2.0	Committee Name CLARENCE COOK CAMPAIGN FOR TRUS
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name WELSH OUTDOORS	10-31-08 \$ 15.90
Address 11299 37 MILE RD	Purpose: DECALS Date Click Here for Memo Itemization Type
BRUCE TWP MI 48065	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	
Name CORNER CLOCK RESTAURANT	11-4-08 \$ 100.00
Address 23 MILE & HAYES	Purpose: LUNCH FOR POLL WORKERS
SHELBY TWP MI	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name	\$
Address	Purpose: Date
	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #4	statement
Name	
Address	Purpose:
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #5 Name	
Address	Purpose: \$
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	Subtotal this page 115 90
	Grand Total of all Schedules 1B
	(Complete on last page of Schedule) 15.90
	Enter this total

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 1E

1	Committee	LD.	Number

2. Committee Name

138000

				L	1
)	Book	Le	$u \lambda$	rust	æ
		-// -			

CANDIDATE COMMITTEE					
This Schedule Itemizes:					
a. Γ Debts and obligations owed <u>by</u> or forgiven the co-	mmittee OR b. Γ Det ik either a or b. Use only for the pu	ots and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the co	ommittee.	
Name and Malling Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to orby: Claurer Open 50067. ChelmsfordG Lluby/wp. If bank loan, name of endorser or guarantor:	4. Type: Joans 3-28-08to2308 5. Date Debt Was Incurred: 08 6. Original Amount of Debt: \$ 11400.00	/\$	\$ount Endorsed: \$	\$ <u>1400, 60</u> □ FORGIVEN	
Debt #2 Corp? Yes	4. Type: Koon				
Clarence Cool	4. Type: POON S 8-14-08 5. Date Debt Was Incurred:				
	6. Original Amount of Debt:	/	\$	219.00	
			- A Francisco do A	FORGIVEN	
If bank loan, name of endorser or guarantor:	N	Ал	ount Endorsed: \$		
Debt #3 Corp? L Yes Owed to or by:	4. Type: 2000- 4. Type: 2000- 4-70-19-08 5. Date Debt Was Incurred:	/\$	-	1000 11	
	6. Original Amount of Debt:			1389.16	
				FORGIVEN	
If bank loan, name of endorser or guarantor:			nount Endorsed: \$_		
		Page Subtotal (Outsi	tanding debt)		
(Comple	ete on last page of Schedule show	Grand Total of all S ing amounts owed by or to t		3008,16	
(Complete on last page of Schedule showing amounts owed by or to the committee) A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement. Page					